

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2017**Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.Open to Public  
Inspection

<b>A</b> For the 2017 calendar year, or tax year beginning <b>06/01, 2017, and ending</b> <b>05/31, 2018</b>																										
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>ITHACA COLLEGE</b></td> <td><b>D</b> Employer identification number <b>15-0532204</b></td> </tr> <tr> <td colspan="2">Doing business as</td> <td><b>E</b> Telephone number <b>(607) 274-3118</b></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td rowspan="3"><b>G</b> Gross receipts \$ <b>529,064,907.</b></td> </tr> <tr> <td colspan="2"><b>953 DANBY ROAD</b></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>ITHACA, NY 14850</b></td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <b>SHIRLEY M. COLLADO</b> <b>953 DANBY ROAD ITHACA, NY 14850</b></td> <td> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No          If "No," attach a list. (see instructions)       </td> </tr> <tr> <td colspan="2"> <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527       </td> <td><b>H(c)</b> Group exemption number ▶</td> </tr> <tr> <td colspan="2"><b>J</b> Website: ▶ <b>WWW.ITHACA.EDU</b></td> <td></td> </tr> <tr> <td colspan="2"> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶       </td> <td><b>L</b> Year of formation: <b>1892</b> <b>M</b> State of legal domicile: <b>NY</b></td> </tr> </table>	<b>C</b> Name of organization <b>ITHACA COLLEGE</b>		<b>D</b> Employer identification number <b>15-0532204</b>	Doing business as		<b>E</b> Telephone number <b>(607) 274-3118</b>	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>529,064,907.</b>	<b>953 DANBY ROAD</b>		City or town, state or province, country, and ZIP or foreign postal code <b>ITHACA, NY 14850</b>		<b>F</b> Name and address of principal officer: <b>SHIRLEY M. COLLADO</b> <b>953 DANBY ROAD ITHACA, NY 14850</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	<b>J</b> Website: ▶ <b>WWW.ITHACA.EDU</b>			<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1892</b> <b>M</b> State of legal domicile: <b>NY</b>
<b>C</b> Name of organization <b>ITHACA COLLEGE</b>		<b>D</b> Employer identification number <b>15-0532204</b>																								
Doing business as		<b>E</b> Telephone number <b>(607) 274-3118</b>																								
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>529,064,907.</b>																								
<b>953 DANBY ROAD</b>																										
City or town, state or province, country, and ZIP or foreign postal code <b>ITHACA, NY 14850</b>																										
<b>F</b> Name and address of principal officer: <b>SHIRLEY M. COLLADO</b> <b>953 DANBY ROAD ITHACA, NY 14850</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)																								
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶																								
<b>J</b> Website: ▶ <b>WWW.ITHACA.EDU</b>																										
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1892</b> <b>M</b> State of legal domicile: <b>NY</b>																								

<b>Part I Summary</b>				
<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE A FOUNDATION FOR A LIFETIME OF LEARNING, THE COLLEGE IS DEDICATED TO FOSTERING INTELLECTUAL GROWTH, AESTHETIC APPRECIATION, AND CHARACTER DEVELOPMENT IN OUR STUDENTS.</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	26.	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	20.	
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5,498.	
	6	Total number of volunteers (estimate if necessary)	22.	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	409,543.	
	b	Net unrelated business taxable income from Form 990-T, line 34		
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	13,413,345.	15,991,270.
	9	Program service revenue (Part VIII, line 2g)	342,820,417.	340,754,040.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,041,201.	12,647,117.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,608,970.	1,486,052.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	364,883,933.	370,878,479.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	122,189,560.	128,361,527.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	136,325,158.	143,389,952.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	65,900.	88,465.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>4,873,686.</b>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	88,608,617.	93,477,284.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	347,189,235.	365,317,228.
<b>Net Assets or Fund Balances</b>	19	Revenue less expenses. Subtract line 18 from line 12	17,694,698.	5,561,251.
	20	Total assets (Part X, line 16)	825,272,956.	829,643,495.
	21	Total liabilities (Part X, line 26)	223,217,908.	208,281,870.
	22	Net assets or fund balances. Subtract line 21 from line 20	602,055,048.	621,361,625.

<b>Part II Signature Block</b>			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
<b>Sign Here</b>	Signature of officer  <b>William Guerrero, Vice President of Finance &amp; Administration</b>	Date	<b>3/31/18</b>
	Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>SCOTT THOMPSETT</b>	Preparer's signature 	Date <b>4/2/2019</b>
	Firm's name ▶ <b>GRANT THORNTON LLP</b>	Firm's EIN ▶ <b>36-6055558</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00741490</b>
	Firm's address ▶ <b>757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013</b>	Phone no. <b>212-599-0100</b>	
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

ATTACHMENT 1

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 224,884,204. including grants of \$ 128,068,065. ) (Revenue \$ 273,533,085. )

ATTACHMENT 2

**4b** (Code: ) (Expenses \$ 41,065,585. including grants of \$ 164,145. ) (Revenue \$ 65,311,910. )

ATTACHMENT 3

**4c** (Code: ) (Expenses \$ 29,131,328. including grants of \$ 78,067. ) (Revenue \$ 1,909,045. )

ATTACHMENT 4

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ 22,437,306. including grants of \$ 0. ) (Revenue \$ 0. )

**4e** Total program service expenses ► 317,518,423.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. . . . .	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. . . . .	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. . . . .	<b>4</b> X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. . . . .	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. . . . .	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. . . . .	<b>7</b> X	
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. . . . .	<b>8</b> X	
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. . . . .	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. . . . .	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. . . . .	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. . . . .	<b>11b</b> X	
<b>c</b> Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. . . . .	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. . . . .	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . . .	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. . . . .	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. . . . .	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. . . . .	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .	<b>13</b> X	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b> X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. . . . .	<b>14b</b> X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. . . . .	<b>15</b> X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. . . . .	<b>16</b> X	
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). . . . .	<b>17</b> X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. . . . .	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. . . . .	<b>19</b>	X

Form **990** (2017)

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	<b>21</b>	X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .	<b>22</b>	X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .	<b>23</b>	X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> . . . . .	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	X
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> . . . . .	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>38</b>	X

Form **990** (2017)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .	<b>1a</b> 535		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	<b>1b</b> 0.		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . .	<b>2a</b> 5,498		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). . . . .	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. . . . .	<b>3b</b>	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	X	
<b>b</b> If "Yes," enter the name of the foreign country: <u>UNITED KINGDOM</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). . . . .			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . .	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O. . . . .	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒ **X**

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	26	
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	20	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . .		X
<b>6</b> Did the organization have members or stockholders? . . . . .		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>7b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>10b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . .		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	X	
<b>11b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
<b>12b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>12c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	X	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	X	
<b>b</b> Other officers or key employees of the organization . . . . .	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>16b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**.
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**

WILLIAM GUERRERO, VP FINANCE 953 DANBY ROAD ITHACA, NY 14850

607-274-3118

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS H. GRAPE (THRU 5/31/18) CHAIR, BOARD OF TRUSTEES	1.00 0.	X		X				0.	0.	0.
(2) DAVID H. LISSY VICE CHAIR, BOARD OF TRUSTEES	1.00 0.	X		X				0.	0.	0.
(3) DAVID J. BACHRACH TRUSTEE	1.00 0.	X						0.	0.	0.
(4) MICHAEL A. BATTLE TRUSTEE	1.00 0.	X						0.	0.	0.
(5) MICHAEL J. CONOVER TRUSTEE	1.00 0.	X						0.	0.	0.
(6) JACK H. DEMBOW TRUSTEE (AS OF 6/2017)	1.00 0.	X						0.	0.	0.
(7) MARK N. DICKER TRUSTEE	1.00 0.	X						0.	0.	0.
(8) DAVID FLEISHER II TRUSTEE	1.00 0.	X						0.	0.	0.
(9) THADDEUS J. FORTIN TRUSTEE	1.00 0.	X						0.	0.	0.
(10) DAVID A. GIANNOTTI TRUSTEE (THRU 5/31/2018)	1.00 0.	X						0.	0.	0.
(11) GARY J. GROSS TRUSTEE	1.00 0.	X						0.	0.	0.
(12) CHARLES R. HACK TRUSTEE	1.00 0.	X						0.	0.	0.
(13) KRISTIN R. MUENZEN TRUSTEE	1.00 0.	X						0.	0.	0.
(14) WILLIAM J. NELLIGAN III TRUSTEE	1.00 0.	X						0.	0.	0.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15 ) JAMES W. NOLAN, JR. ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 16 ) MARY G. OPPERMAN ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 17 ) LISA B. PUNTILLO ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 18 ) JEFFREY J. SELINGO ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 19 ) G. GABRIELLE STARR ----- TRUSTEE (THRU 5/31/2018)	1.00 ----- 0.	X						0.	0.	0.
( 20 ) PETER R. TAFFAE ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 21 ) JAMES E. TAYLOR ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 22 ) DOUGLAS M. WEISMAN ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 23 ) ELIJAH T. GREENE ----- STUDENT TRUSTEE (THRU 5/31/18)	1.00 ----- 0.	X						0.	0.	0.
( 24 ) SYBIL M. CONRAD ----- TRUSTEE, STAFF	40.00 ----- 0.	X						58,344.	0.	14,546.
( 25 ) JULIE A. DORSEY ----- TRUSTEE, FACULTY	40.00 ----- 0.	X						82,555.	0.	31,532.
<b>1b Sub-total</b> . . . . .								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								4,892,052.	0.	795,897.
<b>d Total (add lines 1b and 1c)</b> . . . . .								4,892,052.	0.	795,897.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 149

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

	Yes	No
<b>3</b>	X	
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 75



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26 ) SHIRLEY M. COLLADO PRESIDENT (AS OF 7/2017)	40.00 0.	X		X				334,879.	0.	31,062.
( 27 ) THOMAS R. ROCHON PRESIDENT (THRU 6/2017)	40.00 0.	X		X				868,151.	0.	81,822.
( 28 ) NANCY E. PRINGLE (NON-VOTING) SECRETARY, SENIOR VP, GC	40.00 0.	X		X				257,603.	0.	89,737.
( 29 ) CHRISTOPHER M. BIEHN VP INSTITUTIONAL ADVANCEMENT	40.00 0.			X				252,909.	0.	50,836.
( 30 ) BRIAN K. DICKENS VP HUMAN RESOURCES	40.00 0.			X				202,878.	0.	47,189.
( 31 ) ROSANNA FERRO (AS OF 10/2017) VP STUDENT AFFAIRS	40.00 0.			X				35,286.	0.	8,317.
( 32 ) LINDA PETROSINO INTERIM VP EDU AFF. & PROVOST	40.00 0.			X				224,445.	0.	37,941.
( 33 ) GERARD R. TURBIDE VP ENROLLMENT MANAGEMENT	40.00 0.			X				180,754.	0.	25,935.
( 34 ) JANET L. WILLIAMS INTERIM VP FINANCE & ADMIN.	40.00 0.			X				186,246.	0.	17,622.
( 35 ) TIMOTHY R. CAREY ASSOCIATE VP, FACILITIES	40.00 0.				X			217,382.	0.	19,934.
( 36 ) DAVID L. WEIL ASSOCIATE VP & CIO	40.00 0.				X			163,611.	0.	24,139.
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 149

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37 ) DIANE M. GAYESKI DEAN, SCHOOL OF COMMUNICATIONS	40.00 0.				X			195,658.	0.	26,679.
( 38 ) SEAN F. REID DEAN, BUSINESS	40.00 0.				X			313,603.	0.	91,869.
( 39 ) VINCENT WEI-CHENG WANG DEAN, HUMANITIES & SCIENCES	40.00 0.				X			170,967.	0.	38,957.
( 40 ) KARL PAULNACK DEAN, MUSIC	40.00 0.				X			168,820.	0.	33,970.
( 41 ) GWEN SEAQUIST PROFESSOR	40.00 0.					X		189,335.	0.	24,229.
( 42 ) JEFFREY W. LIPPITT ASSOCIATE PROFESSOR AND CHAIR	40.00 0.					X		176,445.	0.	27,803.
( 43 ) MARIE C. BLOUIN ASSISTANT PROFESSOR	40.00 0.					X		171,411.	0.	19,762.
( 44 ) STEPHEN TROPANO DIRECTOR & ASSOCIATE PROFESSOR	40.00 0.					X		166,636.	0.	20,354.
( 45 ) STEVEN GINSBERG CHAIR & ASSOCIATE PROFESSOR	40.00 0.					X		161,404.	0.	20,095.
( 46 ) BENJAMIN RIFKIN PROFESSOR & FORMER VP	40.00 0.						X	112,730.	0.	11,567.

**1b Sub-total** . . . . . ▶**c Total from continuation sheets to Part VII, Section A** . . . . . ▶**d Total (add lines 1b and 1c)** . . . . . ▶**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 149**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

	Yes	No
<b>3</b>	X	
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors****1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	7,520.				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	3,426,161.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	12,557,589.				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$		352,396.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		15,991,270.				
	<b>Program Service Revenue</b>	<b>2a</b>	TUITION & FEES	Business Code	900099	271,179,737.	271,179,737.	
<b>b</b>		ROOM & BOARD		721310	63,218,051.	63,218,051.		
<b>c</b>		ANCILLARY STUDENT SERVICES/ACTIVITIES		611710	2,353,348.	2,353,348.		
<b>d</b>		STUDENT INSURANCE		900099	1,735,143.	1,735,143.		
<b>e</b>		CONFERENCE & EVENT SERVICES		900099	887,972.	677,447.	210,525.	
<b>f</b>		All other program service revenue . . . . .			1,379,789.		1,379,789.	
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .			340,754,040.			
<b>Other Revenue</b>		<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . .			6,959,026.		157,294.
		<b>4</b>	Income from investment of tax-exempt bond proceeds .			0.		
	<b>5</b>	Royalties . . . . .			48,416.		48,416.	
			(i) Real	(ii) Personal				
	<b>6a</b>	Gross rents . . . . .		67,026.				
	<b>b</b>	Less: rental expenses . . . . .						
	<b>c</b>	Rental income or (loss) . . . . .		67,026.				
	<b>d</b>	Net rental income or (loss) . . . . .			67,026.	41,724.	25,302.	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
					161,829,205.	12,469.		
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .			156,153,583.			
	<b>c</b>	Gain or (loss) . . . . .			5,675,622.	12,469.		
	<b>d</b>	Net gain or (loss) . . . . .			5,688,091.		5,688,091.	
	<b>8a</b>	Gross income from fundraising events (not including \$ 7,520. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		36,903.			
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>		21,777.			
	<b>c</b>	Net income or (loss) from fundraising events. . . . .			15,126.		15,126.	
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b>	Less: direct expenses . . . . .	<b>b</b>						
<b>c</b>	Net income or (loss) from gaming activities. . . . .			0.				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		2,851,904.				
<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b>		2,011,068.				
<b>c</b>	Net income or (loss) from sales of inventory. . . . .			840,836.	840,836.			
<b>Miscellaneous Revenue</b>	<b>11a</b>	REBATES & REFUNDS	Business Code	900099	375,244.		375,244.	
	<b>b</b>	FEDERAL PERKINS LOAN ADMIN ALLOWANCE		900099	60,810.		60,810.	
	<b>c</b>	STUDENT ACTIVITY SPONSORSHIPS		541800	25,447.		25,447.	
	<b>d</b>	All other revenue . . . . .		900099	53,147.		53,147.	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			514,648.			
	<b>12</b>	<b>Total revenue.</b> See instructions. . . . .			370,878,479.	340,004,562.	409,543.	14,473,104.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☒ X**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	408,677.	408,677.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	124,395,770.	124,395,770.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	3,557,080.	3,557,080.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	4,389,021.	823,993.	3,211,648.	353,380.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	105,270,563.	88,587,869.	14,474,689.	2,208,005.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	7,290,147.	6,062,861.	1,227,286.	
9 Other employee benefits . . . . .	19,051,373.	15,154,041.	3,090,641.	806,691.
10 Payroll taxes . . . . .	7,388,848.	6,144,946.	1,243,902.	
11 Fees for services (non-employees):				
a Management . . . . .	519,750.	519,750.		
b Legal . . . . .	294,956.	25,219.	269,737.	
c Accounting . . . . .	189,951.		189,951.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17 . . . . .	88,465.			88,465.
f Investment management fees . . . . .	1,383,512.		1,383,512.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	23,644,504.	19,810,706.	3,609,802.	223,996.
12 Advertising and promotion . . . . .	415,474.	190,649.	222,635.	2,190.
13 Office expenses . . . . .	9,987,585.	6,593,495.	2,792,117.	601,973.
14 Information technology . . . . .	6,961,557.	2,270,985.	4,604,881.	85,691.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	6,190,424.	5,856,016.	334,408.	
17 Travel . . . . .	5,346,706.	4,725,835.	421,938.	198,933.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	1,466,787.	256,294.	943,469.	267,024.
20 Interest . . . . .	6,765,232.	6,765,232.		
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	21,937,143.	20,261,535.	1,675,608.	
23 Insurance . . . . .	2,995,278.	1,981,535.	1,013,743.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS & MAINTENANCE . . . . .	1,850,713.	1,448,517.	401,567.	629.
b TAXES, LICENSES & PERMITS . . . . .	889,891.	850,915.	36,419.	2,557.
c RECRUITING EXPENSES . . . . .	762,037.	396,220.	337,613.	28,204.
d DUES & MEMBERSHIPS . . . . .	465,131.	237,470.	221,713.	5,948.
e All other expenses . . . . .	1,410,653.	192,813.	1,217,840.	
25 Total functional expenses. Add lines 1 through 24e . . . . .	365,317,228.	317,518,423.	42,925,119.	4,873,686.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	31,225.	<b>1</b>	41,630.
	<b>2</b> Savings and temporary cash investments . . . . .	33,747,004.	<b>2</b>	11,124,319.
	<b>3</b> Pledges and grants receivable, net . . . . .	4,341,799.	<b>3</b>	4,605,081.
	<b>4</b> Accounts receivable, net . . . . .	2,630,594.	<b>4</b>	3,113,044.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	9,704,254.	<b>7</b>	9,249,714.
	<b>8</b> Inventories for sale or use . . . . .	757,591.	<b>8</b>	676,085.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,366,486.	<b>9</b>	2,963,254.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 651,026,571.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 277,231,770.		
		372,551,667.	<b>10c</b>	373,794,801.
	<b>11</b> Investments - publicly traded securities . . . . .	164,567,133.	<b>11</b>	178,198,437.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	234,575,203.	<b>12</b>	245,705,620.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
<b>15</b> Other assets. See Part IV, line 11 . . . . .	0.	<b>15</b>	171,510.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	825,272,956.	<b>16</b>	829,643,495.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	30,537,278.	<b>17</b>	24,640,573.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue . . . . .	7,343,242.	<b>19</b>	4,638,793.
	<b>20</b> Tax-exempt bond liabilities . . . . .	126,773,960.	<b>20</b>	122,878,495.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	23,920,920.	<b>23</b>	23,102,268.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	34,642,508.	<b>25</b>	33,021,741.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	223,217,908.	<b>26</b>	208,281,870.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	437,743,407.	<b>27</b>	449,434,570.
	<b>28</b> Temporarily restricted net assets . . . . .	111,310,533.	<b>28</b>	115,039,619.
	<b>29</b> Permanently restricted net assets . . . . .	53,001,108.	<b>29</b>	56,887,436.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	602,055,048.	<b>33</b>	621,361,625.
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	825,272,956.	<b>34</b>	829,643,495.

Form **990** (2017)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI. ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	370,878,479.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	365,317,228.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	5,561,251.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	602,055,048.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	12,733,400.
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	0.
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0.
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	1,011,926.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	<b>10</b>	621,361,625.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2017)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

ITHACA COLLEGE

Employer identification number

15-0532204

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☒ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations. . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2017

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	12,026,192.	17,200,714.	11,918,471.	13,413,345.	15,991,270.	70,549,992.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	12,026,192.	17,200,714.	11,918,471.	13,413,345.	15,991,270.	70,549,992.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						12,065,070.
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						58,484,922.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4. . . . .	12,026,192.	17,200,714.	11,918,471.	13,413,345.	15,991,270.	70,549,992.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	1,870,377.	2,445,427.	2,588,832.	7,122,332.	6,875,450.	20,902,418.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .				24,615.	180,378.	204,993.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH. 1</b> . . . . .	7,753,918.	1,355,228.	239,685.	4,592,208.	4,783,244.	18,724,283.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						110,381,686.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	1,650,533,396.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). . . . .	<b>14</b>	52.98 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .	<b>15</b>	50.08 %
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐

**b 33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2017

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes		
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations		
<b>4</b>	Amounts paid to acquire exempt-use assets		
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)		
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.		
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.		
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.		
<b>9</b>	Distributable amount for 2017 from Section C, line 6		
<b>10</b>	Line 8 amount divided by Line 9 amount		

  

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b>	Distributable amount for 2017 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2017			
<b>a</b>				
<b>b</b>	From 2013 . . . . .			
<b>c</b>	From 2014 . . . . .			
<b>d</b>	From 2015 . . . . .			
<b>e</b>	From 2016 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2017 distributable amount			
<b>i</b>	Carryover from 2012 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b>	Distributions for 2017 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2017 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b>	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b>	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2013 . . . .			
<b>b</b>	Excess from 2014 . . . .			
<b>c</b>	Excess from 2015 . . . .			
<b>d</b>	Excess from 2016 . . . .			
<b>e</b>	Excess from 2017 . . . .			

Schedule A (Form 990 or 990-EZ) 2017

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

---



---

ATTACHMENT 1

---



---

## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
GROSS SALES OF INVENTORY	6,486,120.			2,983,960.	2,851,904.	12,321,984.
OTHER PROGRAM REVENUE				1,113,460.	1,379,789.	2,493,249.
FUNDRAISING EVENTS REVENUE				25,677.	36,903.	62,580.
MISCELLANEOUS REVENUE	1,267,798.	1,355,228.	239,685.	469,111.	514,648.	3,846,470.
TOTALS	<u>7,753,918.</u>	<u>1,355,228.</u>	<u>239,685.</u>	<u>4,592,208.</u>	<u>4,783,244.</u>	<u>18,724,283.</u>

## Schedule of Contributors

OMB No. 1545-0047

**2017**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization  
ITHACA COLLEGE

Employer identification number  
15-0532204

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **ITHACA COLLEGE**Employer identification number  
15-0532204**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 482,085.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 2,885,831.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 954,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,185,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization **ITHACA COLLEGE**Employer identification number  
15-0532204**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 512,444.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ITHACA COLLEGE

Employer identification number

15-0532204

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization ITHACA COLLEGE

Employer identification number

15-0532204

**Part III** **Exclusively** religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization ITHACA COLLEGE	Employer identification number 15-0532204
--	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) . . . . .

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No
- 4a Was a correction made? . . . . . ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. . . . . ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. . . . . ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .			
<b>d</b> Other exempt purpose expenditures . . . . .			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .			
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .			<input type="checkbox"/> Yes <input type="checkbox"/> No

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? . . . . .		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? . . . . .		X	
<b>c</b> Media advertisements? . . . . .		X	
<b>d</b> Mailings to members, legislators, or the public? . . . . .		X	
<b>e</b> Publications, or published or broadcast statements? . . . . .		X	
<b>f</b> Grants to other organizations for lobbying purposes? . . . . .		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? . . . . .		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . . . . .		X	
<b>i</b> Other activities? . . . . .	X		8,118.
<b>j</b> Total. Add lines 1c through 1i . . . . .			8,118.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? . . . . .		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 . . . . .			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . . . . .			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . .			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? . . . . .	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? . . . . .	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members . . . . .	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year . . . . .	<b>2a</b>	
<b>b</b> Carryover from last year. . . . .	<b>2b</b>	
<b>c</b> Total . . . . .	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. . . . .	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? . . . . .	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) . . . . .	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART II-B, LINE 1(I)

THE COLLEGE IS A MEMBER OF ORGANIZATIONS LISTED AS REGISTRANTS ON THE

LOBBYING DISCLOSURE ACT DATABASE. LINE 1(I) REPORTS 25% OF MEMBERSHIP

DUES PAID TO THESE ORGANIZATIONS DURING THE COLLEGE'S FISCAL YEAR.

**Part IV** Supplemental Information *(continued)*

---

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

ITHACA COLLEGE

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public  
Inspection

Employer identification number

15-0532204

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input checked="" type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input checked="" type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a 2.
b Total acreage restricted by conservation easements . . . . .	2b 101.00
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ 1.

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☒ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 20.00

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☒ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1. . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X. . . . . ▶ \$ 1,250,000.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1. . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X. . . . . ▶ \$ \_\_\_\_\_

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2017



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☒ Public exhibition **d** ☐ Loan or exchange programs  
**b** ☐ Scholarly research **e** ☐ Other \_\_\_\_\_  
**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☒ No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>c</b> Beginning balance . . . . .	<b>1c</b>
<b>d</b> Additions during the year . . . . .	<b>1d</b>
<b>e</b> Distributions during the year . . . . .	<b>1e</b>
<b>f</b> Ending balance . . . . .	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . . ☐

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	300,715,519.	267,328,459.	288,038,497.	268,451,287.	243,514,286.
<b>b</b> Contributions . . . . .	3,894,502.	7,532,678.	1,589,083.	17,276,171.	5,730,558.
<b>c</b> Net investment earnings, gains, and losses . . . . .	23,117,965.	34,451,515.	-11,984,785.	12,339,814.	27,784,439.
<b>d</b> Grants or scholarships . . . . .	2,063,803.	1,908,400.	1,646,352.	1,495,075.	1,525,211.
<b>e</b> Other expenditures for facilities and programs . . . . .	9,638,837.	6,688,733.	8,667,984.	8,533,700.	7,052,785.
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	316,025,346.	300,715,519.	267,328,459.	288,038,497.	268,451,287.

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment ▶ 68.8000 %

**b** Permanent endowment ▶ 17.0300 %

**c** Temporarily restricted endowment ▶ 14.1700 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations . . . . . 

Yes	No
<b>3a(i)</b>	X

(ii) related organizations . . . . . 

Yes	No
<b>3a(ii)</b>	X

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . 

Yes	No
<b>3b</b>	

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		13,420,615.		13,420,615.
<b>b</b> Buildings . . . . .		536,156,138.	218,139,740.	318,016,398.
<b>c</b> Leasehold improvements . . . . .		2,756,567.	570,325.	2,186,242.
<b>d</b> Equipment . . . . .		66,895,599.	38,559,708.	28,335,891.
<b>e</b> Other . . . . .		31,797,652.	19,961,997.	11,835,655.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				373,794,801.

Schedule D (Form 990) 2017

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) FIXED INCOME (LP INVESTMENTS)	13,375,557.	FMV
(B) PUBLIC EQUITIES (LP INVESTMENTS)	145,172,905.	FMV
(C) HEDGE FUNDS	54,523,804.	FMV
(D) PRIVATE EQUITY	13,072,806.	FMV
(E) REAL ESTATE FUNDS	19,560,548.	FMV
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	245,705,620.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ►	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) POSTRETIREMENT BENEFIT OBLIGATION	14,332,335.	
(3) INTEREST RATE SWAP AGREEMENTS	8,905,484.	
(4) US GOVERNMENT GRANTS REFUNDABLE	8,171,473.	
(5) CONDITIONAL ASSET RETIREMENT OBLIG.	1,612,449.	
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	33,021,741.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	260,415,702.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	12,733,400.
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	4,006,416.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	16,739,816.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	243,675,886.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	1,383,512.
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	125,819,081.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	127,202,593.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	370,878,479.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	238,114,635.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	2,032,845.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	2,032,845.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	236,081,790.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	1,383,512.
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	127,851,926.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	129,235,438.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	365,317,228.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIII** Supplemental Information *(continued)*

SCHEDULE D, PART II, LINE 9

HOW THE ORGANIZATION REPORTS CONSERVATION EASEMENTS

THE CONSERVATION EASEMENTS ARE NOT REPORTED ON THE BALANCE SHEET OR IN FOOTNOTES TO THE ORGANIZATION'S FINANCIAL STATEMENTS. THE AMOUNTS ARE CONSIDERED IMMATERIAL.

SCHEDULE D, PART III, LINE 4

DESCRIPTION OF THE ORGANIZATION'S COLLECTIONS AND HOW THEY FURTHER ITS EXEMPT PURPOSE

THE COLLEGE'S COLLECTION CONSISTS SOLELY OF A SCULPTURE RECEIVED AS A NON-CASH CONTRIBUTION IN DECEMBER 2016. THE SCULPTURE, TITLED "THE DRUMMER", WAS CREATED BY BARRY FLANAGAN, A WELSH SCULPTOR BEST KNOWN FOR HIS BRONZE STATUES OF HARES AND OTHER ANIMALS. MR. FLANAGAN'S WORK CAN BE FOUND AT THE NATIONAL GALLERY OF ART SCULPTURE GARDEN IN WASHINGTON, D.C.; AND IN PUBLIC SPACES IN NEW YORK CITY, LONDON, COLOGNE, OKLAHOMA CITY, AND ON COLLEGE CAMPUSES AROUND THE WORLD. THE ADDITION OF THIS SCULPTURE TO OUR CAMPUS LANDSCAPE ELEVATES THE COLLEGE'S REPUTATION IN THE ART WORLD, AND SERVES AS AN ON-CAMPUS PIECE THAT IS STUDIED BY STUDENTS, ESPECIALLY THOSE IN ART HISTORY AND ART CONSERVATION CLASSES. THIS HELPS SUPPORT THE COLLEGE'S MISSION TO FOSTER INTELLECTUAL GROWTH, AESTHETIC APPRECIATION, AND CHARACTER DEVELOPMENT IN OUR STUDENTS.

SCHEDULE D, PART V, LINE 4

INTENDED USES OF ENDOWMENT FUNDS

THE INTENDED USE OF THE COLLEGE'S ENDOWMENT FUNDS IS TO PROVIDE SCHOLARSHIPS AND GRANTS TO STUDENTS, AND TO SUPPORT THE COLLEGE'S EDUCATIONAL PROGRAMS.

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

FIN 48 DISCLOSURE

THE COLLEGE FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

THE COLLEGE HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE COLLEGE HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED MAY 31, 2018 AND MAY 31, 2017.

RECONCILIATION OF REVENUE

SCHEDULE D, PART XI

LINE 2D: ADJUSTMENT TO SELF-INSURED MEDICAL LIABILITY	\$1,063,843
LINE 2D: CHANGE IN FAIR VALUE OF INTEREST RATE SWAP	
AGREEMENTS	\$2,942,573
TOTAL	\$4,006,416

**Part XIII** Supplemental Information *(continued)*

LINE 4B: FINANCIAL AID NETTED ON FINANCIALS	\$127,851,926
LINE 4B: FUNDRAISING EXPENSES	(\$21,777)
LINE 4B: COST OF GOOD SOLD (CAMPUS STORE)	(\$2,011,068)
TOTAL	\$125,819,081

## RECONCILIATION OF EXPENSES

## SCHEDULE D, PART XII

LINE 2D: FUNDRAISING EXPENSES	\$21,777
LINE 2D: COST OF GOOD SOLD (CAMPUS STORE)	\$2,011,068
TOTAL	\$2,032,845

LINE 4B: FINANCIAL AID NETTED ON FINANCIALS	\$127,851,926
---	---------------

SCHEDULE E  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ITHACA COLLEGE

Schools

- Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.  
► Attach to Form 990 or Form 990-EZ.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2017

Open to Public  
Inspection

Employer identification number  
15-0532204

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II . . . . .	X	
SEE SUPPLEMENTAL PAGE		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? . . . . .		X
b Admissions policies? . . . . .		X
c Employment of faculty or administrative staff? . . . . .		X
d Scholarships or other financial assistance? . . . . .		X
e Educational policies? . . . . .		X
f Use of facilities? . . . . .		X
g Athletic programs? . . . . .		X
h Other extracurricular activities? . . . . .		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	X	
b Has the organization's right to such aid ever been revoked or suspended? . . . . .		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II . . . . .	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule E (Form 990 or 990-EZ) 2017

**Part II** **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

SCHEDULE E, PART I, LINE 3

NONDISCRIMINATORY POLICY

THE COLLEGE'S NONDISCRIMINATORY POLICY APPEARS ON THE COLLEGE'S WEBSITE.

SCHEDULE E, PART I, LINE 6

EXPLANATION OF GOVERNMENT FINANCIAL AID

THE COLLEGE RECEIVES ASSISTANCE FROM THE US DEPARTMENT OF EDUCATION AND

THE NEW YORK STATE EDUCATION DEPARTMENT TO FUND FINANCIAL AID PROGRAMS.

THE COLLEGE RECEIVES ASSISTANCE FROM A VARIETY OF OTHER FEDERAL AND STATE

AGENCIES TO FUND RESEARCH AND OTHER GRANT AWARDS.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ITHACA COLLEGE

**Statement of Activities Outside the United States**

- **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**  
 ► **Attach to Form 990.**  
 ► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number  
15-0532204

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ **Yes** ☐ **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>(1)</b> CENTRAL AMERICA/CARIBBEAN	0.	33.	PROGRAM SERVICES	CONFERENCES & RESEARCH	39,275.
<b>(2)</b> CENTRAL AMERICA/CARIBBEAN	0.	35.	PROGRAM SERVICES	STUDY ABROAD	63,855.
<b>(3)</b> CENTRAL AMERICA/CARIBBEAN	0.	0.	GRANTMAKING		126,451.
<b>(4)</b> CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		44,982,285.
<b>(5)</b> EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		382,918.
<b>(6)</b> EAST ASIA AND THE PACIFIC	0.	35.	PROGRAM SERVICES	CONFERENCES & RESEARCH	75,506.
<b>(7)</b> EAST ASIA AND THE PACIFIC	0.	20.	PROGRAM SERVICES	STUDY ABROAD	48,148.
<b>(8)</b> EAST ASIA AND THE PACIFIC	0.	1.	PROGRAM SERVICES	RECRUITING	1,069.
<b>(9)</b> EUROPE	1.	97.	PROGRAM SERVICES	STUDY ABROAD	1,319,559.
<b>(10)</b> EUROPE	0.	7.	MAINTAINING OFFICES		17,480.
<b>(11)</b> EUROPE	0.	130.	PROGRAM SERVICES	CONFERENCES & RESEARCH	241,730.
<b>(12)</b> EUROPE	0.	2.	PROGRAM SERVICES	RECRUITING	6,603.
<b>(13)</b> EUROPE	0.	0.	GRANTMAKING		2,756,009.
<b>(14)</b> EUROPE	0.	0.	INVESTMENTS		19,035.
<b>(15)</b> NORTH AMERICA	0.	69.	PROGRAM SERVICES	CONFERENCES & RESEARCH	74,929.
<b>(16)</b> NORTH AMERICA	0.	20.	PROGRAM SERVICES	STUDY ABROAD	6,504.
<b>(17)</b> NORTH AMERICA	0.	2.	PROGRAM SERVICES	RECRUITING	2,090.
<b>3a</b> Sub-total . . . . .	1.	451.			50,163,446.
<b>b</b> Total from continuation sheets to Part I . . . . .		52.			421,782.
<b>c Totals</b> (add lines 3a and 3b)	1.	503.			50,585,228.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2017

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ITHACA COLLEGE

**Statement of Activities Outside the United States**

- **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**  
 ► **Attach to Form 990.**  
 ► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number  
15-0532204

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ **Yes** ☐ **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>(1)</b> RUSSIA/INDEPENDENT STATES	0.	2.	PROGRAM SERVICES	CONFERENCES & RESEARCH	9,361.
<b>(2)</b> SOUTH AMERICA	0.	10.	PROGRAM SERVICES	CONFERENCES & RESEARCH	18,427.
<b>(3)</b> SOUTH AMERICA	0.	24.	PROGRAM SERVICES	STUDY ABROAD	46,561.
<b>(4)</b> SOUTH AMERICA	0.	0.	GRANTMAKING		115,162.
<b>(5)</b> SOUTH ASIA	0.	3.	PROGRAM SERVICES	CONFERENCES & RESEARCH	6,439.
<b>(6)</b> SOUTH ASIA	0.	1.	PROGRAM SERVICES	RECRUITING	12,185.
<b>(7)</b> SOUTH ASIA	0.	0.	GRANTMAKING		121,810.
<b>(8)</b> SUB-SAHARAN AFRICA	0.	5.	PROGRAM SERVICES	CONFERENCES & RESEARCH	17,011.
<b>(9)</b> SUB-SAHARAN AFRICA	0.	6.	PROGRAM SERVICES	STUDY ABROAD	17,582.
<b>(10)</b> SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING		54,730.
<b>(11)</b> MIDDLE EAST AND NORTH AFRICA	0.	1.	PROGRAM SERVICES	CONFERENCES & RESEARCH	2,514.
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Sub-total . . . . .					
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	TO FED GRANT SUBRECIPIENT	97,338.	EFT/WIRE			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 1.

3 Enter total number of other organizations or entities ..... ▶

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) SCHOLARSHIP	EAST ASIA/PACIFIC	67.	382,918.	EFT/WIRE			
(2) SCHOLARSHIP	EUROPE/ICELAND/GREENLAND	498.	2,756,009.	EFT/WIRE			
(3) SCHOLARSHIP	CENT. AMERICA/CARIBBEAN	16.	126,451.	EFT/WIRE			
(4) SCHOLARSHIP	SOUTH AMERICA	19.	115,162.	EFT/WIRE			
(5) SCHOLARSHIP	SOUTH ASIA	4.	24,472.	EFT/WIRE			
(6) SCHOLARSHIP	SUB-SAHARAN AFRICA	9.	54,730.	EFT/WIRE			
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2017

**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . . ☒ Yes ☐ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . . ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* . . . . . ☒ Yes ☐ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . . ☒ Yes ☐ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . . ☒ Yes ☐ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . . ☐ Yes ☒ No

Schedule F (Form 990) 2017

**Part V** **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANTS AND OTHER ASSISTANCE

THE COLLEGE FOLLOWS THE OMB UNIFORM GUIDANCE WITH RESPECT TO MONITORING THE USE OF FUNDS OF SUBRECIPIENTS OF FEDERAL AWARDS. SCHOLARSHIPS GIVEN TO STUDENTS ARE CREDITED TO EACH STUDENT'S COLLEGE ACCOUNT TO BE USED FOR TUITION & FEES FOR THE EDUCATIONAL PROGRAM. THE FUNDS EXPENDED FOR TRAVEL AND ATTENDING CONFERENCES ARE ACCOUNTED FOR WHEN TRAVEL REPORTS ARE SUBMITTED TO ITHACA COLLEGE.

SCHEDULE F, PART I, LINE 3

EXPENDITURES ARE REPORTED ON AN ACCRUAL BASIS ACCORDING TO GAAP, CONSISTENT WITH THE ITHACA COLLEGE METHOD OF ACCOUNTING.

SCHEDULE F, PART IV, LINE 4

FOREIGN FILING REQUIREMENTS

ITHACA COLLEGE INVESTS DIRECTLY IN A VARIETY OF ALTERNATIVE INVESTMENTS THAT ARE STRUCTURED AS EITHER FOREIGN CORPORATIONS, FOREIGN LIMITED PARTNERSHIPS OR DOMESTIC LIMITED PARTNERSHIPS. THE LIMITED PARTNERSHIP INVESTMENTS MAY, IN TURN, OWN AN INTEREST IN A FOREIGN CORPORATION, PASSIVE FOREIGN INVESTMENT COMPANY, OR FOREIGN PARTNERSHIP.

TO THE EXTENT THAT ITHACA COLLEGE IS REQUIRED TO COMPLETE A FORM 926, 5471, 8621 OR 8865 BECAUSE ITS INVESTMENT EXCEEDS THE FILING THRESHOLD, THOSE FORMS HAVE BEEN ATTACHED TO THE ORGANIZATION'S FORM 990-T FILING.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ITHACA COLLEGE

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number  
15-0532204

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |   |  |
|---|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events            |
| <b>d</b> <input checked="" type="checkbox"/> In-person solicitations          |  |

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b> WASHBURN & MCGOLDRICK LLC	SEE PART IV		X		61,799.	-61,799.
<b>2</b> WEST WIND CONSULTING	SEE PART IV		X		26,666.	-26,666.
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b> .....					88,465.	-88,465.

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

ALL STATES

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF OUTING (event type)	(event type)	(total number)	
Revenue	1 Gross receipts . . . . .	44,423.			44,423.
	2 Less: Contributions . . . . .	7,520.			7,520.
	3 Gross income (line 1 minus line 2). . . . .	36,903.			36,903.
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .	6,150.			6,150.
	7 Food and beverages . . . . .	10,127.			10,127.
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .	5,500.			5,500.
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				21,777.
11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				15,126.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Noncash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_



- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, PART I

LINE 2B, COLUMN (II)

WASHBURN & MCGOLDRICK, LLC PERFORMS CONSULTING SERVICES RELATED TO THE COLLEGE'S FUNDRAISING CAMPAIGNS.

WEST WIND CONSULTING STRATEGIES IN FUNDRAISING, LLC PERFORMS CONSULTING ON MULTIPLE PROGRAMS RELATED TO FUNDRAISING.

Schedule G (Form 990 or 990-EZ) 2017

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

LINE 2B, COLUMN (V)

IN ADDITION TO THE \$61,799 PAID TO WASHBURN & MCGOLDRICK, LLC FOR  
PROFESSIONAL FUNDRAISING SERVICES, THE COLLEGE PAID THE FUNDRAISER \$2,551  
IN SEPARATELY ITEMIZED REIMBURSABLE EXPENSES.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ITHACA COLLEGE

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

15-0532204

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ **Yes** ☐ **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HILLEL OF ITHACA COLLEGE 953 DANBY RD, MULLER CHPL ITHACA, NY 14850	52-1758795	501(C)(3)	117,645.				ANNUAL OPERATING PAYMENT
(2) UC FELLOWSHIP PROTESTANT COMM. AT ITHACA 953 DANBY RD, MULLER CHPL ITHACA, NY 14850	15-0625200	501(C)(3)	64,275.				ANNUAL OPERATING PAYMENT
(3) ITHACA COLLEGE NEWMAN FOUNDATION 953 DANBY RD, MULLER CHPL ITHACA, NY 14850	16-1188280	501(C)(3)	60,291.				ANNUAL OPERATING PAYMENT
(4) NATIONAL MERIT SCHOLARSHIP CORPORATION 1560 SHERMAN AVE, NO 200 EVANSTON, IL 60201	36-2307745	501(C)(3)	12,000.				ANNUAL REMITTANCE TO MERIT SCHOLARSHIP
(5) TOMPKINS COUNTY AREA DEVELOPMENT 401 E STATE ST, SUITE 402B ITHACA, NY 14850	16-6058339	501(C)(6)	15,000.				SUPPORT LOCAL ECON. DEVELOPMENT
(6) CORNELL UNIVERSITY 341 PINE TREE RD ITHACA, NY 14850	15-0532082	501(C)(3)	30,000.				OPERATING BUDGET FOR STARTUP WORKS
(7) PLANETARY SCIENCE INSTITUTE 1700 E.FT. LOWELL,STE. 106 TUCSON, AZ 85719	33-0175263	501(C)(3)	30,536.				PAYMENT TO FED GRANT SUBRECIPIENT
(8) NORTHEASTERN ILLINOIS UNIVERSITY 5500 N ST. LOUIS AVE. CHICAGO, IL 60625	36-6009515	501(C)(3)	44,470.				PAYMENT TO FED GRANT SUBRECIPIENT
(9) RESEARCH FOUNDATION OF SUNY P.O. BOX 9 ALBANY, NY 12201	14-1368361	501(C)(3)	15,616.				CONTRIBUTION TO ACE
(10) BOWLING GREEN STATE UNIVERSITY 1001 E. WOOSTER ST. BOWLING GREEN, OH 43403	34-6402018	GOV'T	12,594.				PAYMENT TO FED GRANT SUBRECIPIENT
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . **9.**

3 Enter total number of other organizations listed in the line 1 table . . . . . **1.**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<b>1</b> SCHOLARSHIPS	5,394.	124,372,985.			
<b>2</b> SCHOLARSHIPS AWARDED TO EMPLOYEES	9.	7,200.			
<b>3</b> FEDERAL GRANT SUBAWARDS	2.	15,585.			
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

THE PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS TO ORGANIZATIONS IN THE UNITED STATES VARY BASED ON THE NATURE OF THE AGREEMENT WITH THE GRANTEE. ORGANIZATIONS OPERATING OUT OF THE MULLER CHAPEL (HILLEL, PROTESTANT COMMUNITY AND NEWMAN FOUNDATION) ARE SUBJECT TO OVERSIGHT BY COLLEGE EMPLOYEES. FOR GRANTS TO THE NATIONAL MERIT SCHOLARSHIP CORPORATION, TOMPKINS COUNTY AREA DEVELOPMENT, RESEARCH FOUNDATION OF SUNY, AND CORNELL UNIVERSITY, THE COLLEGE RELEGATES RESPONSIBILITY FOR MONITORING THE USE OF GRANT FUNDS TO INDIVIDUALS WITHIN THOSE ORGANIZATIONS. THE COLLEGE FOLLOWS THE OMB UNIFORM GUIDANCE WITH RESPECT

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

TO MONITORING THE USE OF FUNDS OF SUBRECIPIENTS OF FEDERAL AWARDS

(PLANETARY SCIENCE INSTITUTE, BOWLING GREEN STATE UNIVERSITY, AND  
NORTHEASTERN ILLINOIS UNIVERSITY).

STUDENTS MUST MEET THE CRITERIA SPECIFIED IN THE SCHOLARSHIP PROGRAM IN  
ORDER TO RECEIVE THE SCHOLARSHIP. FOR ONGOING SCHOLARSHIPS, STUDENTS MUST  
CONTINUE TO MEET THE CRITERIA IN ORDER TO BE AWARDED A SCHOLARSHIP IN  
SUBSEQUENT YEARS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ITHACA COLLEGE

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

15-0532204

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |   |
|---|---|
| <input type="checkbox"/> First-class or charter travel                        | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                                | <input type="checkbox"/> Payments for business use of personal residence            |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)         |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. . . . .

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
1b	X	
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	SHIRLEY M. COLLADO PRESIDENT (AS OF 7/2017)	(i) 235,410.	25,000.	74,469.	25,000.	6,062.	365,941.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
2	THOMAS R. ROCHON PRESIDENT (THRU 6/2017)	(i) 196,413.	0.	671,738.	22,049.	59,773.	949,973.	98,419.
		(ii) 0.	0.	0.	0.	0.	0.	0.
3	NANCY E. PRINGLE (NON-V SECRETARY, SENIOR VP, GC	(i) 244,478.	0.	13,125.	22,688.	67,049.	347,340.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
4	CHRISTOPHER M. BIEHN VP INSTITUTIONAL ADVANCEMENT	(i) 252,909.	0.	0.	23,667.	27,169.	303,745.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
5	BRIAN K. DICKENS VP HUMAN RESOURCES	(i) 201,878.	1,000.	0.	19,097.	28,092.	250,067.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
6	LINDA PETROSINO INTERIM VP EDU AFF. & PROVOST	(i) 221,945.	2,500.	0.	20,482.	17,459.	262,386.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
7	GERARD R. TURBIDE VP ENROLLMENT MANAGEMENT	(i) 180,754.	0.	0.	16,369.	9,566.	206,689.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
8	JANET L. WILLIAMS INTERIM VP FINANCE & ADMIN.	(i) 186,246.	0.	0.	16,689.	933.	203,868.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
9	TIMOTHY R. CAREY ASSOCIATE VP, FACILITIES	(i) 216,632.	750.	0.	19,388.	546.	237,316.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
10	DAVID L. WEIL ASSOCIATE VP & CIO	(i) 163,611.	0.	0.	14,953.	9,186.	187,750.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
11	DIANE M. GAYESKI DEAN, SCHOOL OF COMMUNICATIONS	(i) 195,358.	300.	0.	17,784.	8,895.	222,337.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
12	SEAN F. REID DEAN, BUSINESS	(i) 313,603.	0.	0.	28,895.	62,974.	405,472.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
13	VINCENT WEI-CHENG WANG DEAN, HUMANITIES & SCIENCES	(i) 170,967.	0.	0.	15,865.	23,092.	209,924.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
14	KARL PAULNACK DEAN, MUSIC	(i) 168,820.	0.	0.	15,585.	18,385.	202,790.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
15	GWEN SEAQUIST PROFESSOR	(i) 137,949.	0.	51,386.	12,842.	11,387.	213,564.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
16	JEFFREY W. LIPPITT ASSOCIATE PROFESSOR AND CHAIR	(i) 168,443.	0.	8,002.	15,655.	12,148.	204,248.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	MARIE C. BLOUIN ASSISTANT PROFESSOR	(i) 154,711.	0.	16,700.	14,261.	5,501.	191,173.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
2	STEPHEN TROPIANO DIRECTOR & ASSOCIATE PROFESSOR	(i) 125,078.	0.	41,558.	11,459.	8,895.	186,990.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
3	STEVEN GINSBERG CHAIR & ASSOCIATE PROFESSOR	(i) 122,201.	0.	39,203.	11,200.	8,895.	181,499.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
4	BENJAMIN RIFKIN PROFESSOR & FORMER VP	(i) 111,197.	0.	1,533.	10,066.	1,501.	124,297.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
5		(i)						
		(ii)						
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

Schedule J (Form 990) 2017



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 1A

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE

PRESIDENT ROCHON'S NON-TAXABLE BENEFITS INCLUDE THE FAIR RENTAL VALUE OF  
THE COLLEGE-OWNED PRESIDENT'S RESIDENCE USED OCCASIONALLY FOR  
INSTITUTIONAL EVENTS, VALUED AT \$20,500.

PRESIDENT COLLADO'S OTHER REPORTABLE COMPENSATION INCLUDES IMPUTED  
HOUSING INCOME TOTALING \$26,000 FROM A PRIVATE USE RESIDENCE PLANNED TO  
BE IN SERVICE UNTIL A PERMANENT RESIDENCE IS AVAILABLE.

VICE PRESIDENT FERRO'S OTHER REPORTABLE COMPENSATION INCLUDES IMPUTED  
HOUSING INCOME TOTALING \$2,600 FROM TEMPORARY USE OF A COLLEGE-OWNED  
RESIDENCE DURING THE BEGINNING OF EMPLOYMENT.

SCHEDULE J, PART I, LINE 1A

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS

PRESIDENT COLLADO AND VICE PRESIDENT FERRO RECEIVED GROSS-UP PAYMENTS  
RELATED TO TEMPORARY HOUSING PROVIDED BY THE COLLEGE TOTALING \$27,094 AND  
\$1,506, RESPECTIVELY.

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 4A

SEVERANCE PAYMENTS

PRESIDENT ROCHON'S SERVICE TO THE COLLEGE WAS COMPLETED IN JUNE 2017. IN ACCORDANCE WITH THE BOARD-APPROVED SEVERANCE COMPENSATION AGREEMENT, PRESIDENT ROCHON RECEIVED TRANSITION AND SEPARATION PAYMENTS TOTALING \$562,065.

SCHEDULE J, PART I, LINE 4B

SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN

IN 2017, PRESIDENT ROCHON RECEIVED A DISTRIBUTION FROM AN IRC SECTION 457(F) NON-QUALIFIED DEFERRED COMPENSATION PLAN TOTALING \$98,419; THE DISTRIBUTION IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III). THIS DISTRIBUTION IS COMPRISED OF THE COLLEGE'S CONTRIBUTION TO THE 457(F) PLAN THAT WAS REPORTED AS DEFERRED COMPENSATION ON SCHEDULE J, PART II, COLUMN (C) IN THE PRIOR YEAR. ACCORDINGLY THIS AMOUNT IS ALSO REPORTED ON SCHEDULE J, PART II, COLUMN (F) FOR THE CURRENT YEAR.

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

DURING CALENDAR YEAR END 2017, PRESIDENT SHIRLEY M. COLLADO, RECEIVED  
EMPLOYER CONTRIBUTIONS IN THE COLLEGE'S SECTION 457(F) PLAN TOTALING  
\$25,000. THIS AMOUNT IS REPORTED IN SCHEDULE J, PART II, COLUMN (C).

SCHEDULE J, PART I, LINE 7

NON-FIXED PAYMENTS

BONUS PAYMENTS - IN ACCORDANCE WITH THE COLLEGE'S COMPENSATION POLICIES,  
EMPLOYEES WHO HAVE MADE SPECIFIC AND SIGNIFICANT ACCOMPLISHMENTS AND WHO  
HAVE PERFORMED WELL IN SUPPORT OF A PROJECT OR INITIATIVE DURING THE YEAR  
MAY BE RECOGNIZED WITH A ONE-TIME MERIT PAYMENT. THESE PAYMENTS ARE  
REPORTED IN SCHEDULE J, PART II, COLUMN (B)(II).

TRANSITION PAYMENT - PRESIDENT COLLADO RECEIVED A ONE-TIME TRANSITION  
PAYMENT OF \$25,000. THIS PAYMENT IS REPORTED IN SCHEDULE J, PART II,  
COLUMN (B)(II).

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ITHACA COLLEGE

TOMPKINS COUNTY INDUSTRIAL DEVELOPMENT AGENCY

**Supplemental Information on Tax-Exempt Bonds**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number  
15-0532204

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> TOMPKINS COUNTY INDUSTRIAL DEVELOPMENT AGENCY	16-1214039	890099CQ5	11/10/2004	31,100,000.	CONSTRUCTION & RENOVATION		X		X		X
<b>B</b> TOMPKINS COUNTY INDUSTRIAL DEVELOPMENT AGENCY	16-1214039	890099CZ5	12/09/2013	40,290,000.	REISSUANCE OF SERIES 2005B		X		X		X
<b>C</b> TOMPKINS COUNTY DEVELOPMENT CORPORATION	27-2290745	890096CC2	09/24/2015	49,150,749.	REFIN OF REISSUED SER. 2007 & 2008		X		X		X
<b>D</b> TOMPKINS COUNTY DEVELOPMENT CORPORATION	27-2290745	890096CZ1	12/09/2017	25,635,508.	ADVANCE REFUNDING OF SERIES 2011		X		X		X

**Part II Proceeds**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
<b>1</b> Amount of bonds retired . . . . .	8,980,000.		5,735,000.		5,905,000.			
<b>2</b> Amount of bonds legally defeased . . . . .								
<b>3</b> Total proceeds of issue . . . . .	32,424,139.		40,290,000.		49,150,749.		25,635,508.	
<b>4</b> Gross proceeds in reserve funds . . . . .								
<b>5</b> Capitalized interest from proceeds . . . . .								
<b>6</b> Proceeds in refunding escrows . . . . .							25,203,011.	
<b>7</b> Issuance costs from proceeds . . . . .	343,050.				528,070.		242,202.	
<b>8</b> Credit enhancement from proceeds . . . . .	412,183.							
<b>9</b> Working capital expenditures from proceeds . . . . .								
<b>10</b> Capital expenditures from proceeds . . . . .	31,325,726.							
<b>11</b> Other spent proceeds . . . . .	343,180.		40,290,000.		48,622,679.		178,857.	
<b>12</b> Other unspent proceeds . . . . .							11,438.	
<b>13</b> Year of substantial completion . . . . .	2007							
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b> Were the bonds issued as part of a current refunding issue? . . . . .		X	X		X			X
<b>15</b> Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X	X	
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

**Part III Private Business Use**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X				X		X
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X				X		X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2017

**Part III Private Business Use (Continued)**

## TOMPKINS COUNTY INDUSTRIAL DEVELOPMENT AGENCY

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X			X		X	
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? . . . . .					X		X	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X				X		X
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶		%		%		%	1.0000	%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶		.6000 %		%		%		%
<b>6</b> Total of lines 4 and 5 . . . . .		.6000 %		%		%	1.0000	%
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X				X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X				X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X				X		X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X	X		X		X	
<b>b</b> Exception to rebate? . . . . .		X	X			X		X
<b>c</b> No rebate due? . . . . .	X			X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X		X			X		X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .	X		X			X		X
<b>b</b> Name of provider . . . . .	UBS AG		BANK OF AMERICA, N.A					
<b>c</b> Term of hedge . . . . .	30.000		12.600					
<b>d</b> Was the hedge superintegrated? . . . . .		X		X				
<b>e</b> Was the hedge terminated? . . . . .		X		X				

**Part IV**     **Arbitrage** *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? . . . . .		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? . . . . .		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X		X		X		X	

<b>Part V</b>	<b>Procedures To Undertake Corrective Action</b>
---------------	--

<p>Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? . . . . .</p>	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
	X		X		X		X	

**Part VI** **Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions

[illegible]

**Part VI** **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

## SCHEDULE K

## PART I, BOND A, ISSUE PRICE

THE DIFFERENCE BETWEEN PART I (E) AND PART II, LINE 3 IS DUE TO INTEREST EARNINGS ON BOND PROCEEDS.

## PART I, BOND B, COLUMN F

THE ORIGINAL SERIES 2005 BONDS WERE ISSUED ON SEPTEMBER 29, 2005.

## PART I, BOND C, COLUMN F

PROCEEDS OF THE BONDS WERE ISSUED TO CURRENTLY REFUND THE BORROWER'S OUTSTANDING REISSUED SERIES 2007 BONDS (ISSUED 08/20/2009) AND REISSUED SERIES 2008 BONDS (ISSUED 09/17/2009) (COLLECTIVELY, THE "PRIOR BONDS").

## PART I, BOND D, COLUMN F

PROCEEDS OF THE BONDS WERE ISSUED TO ADVANCE REFUND THE BORROWER'S OUTSTANDING SERIES 2011 BONDS (ISSUED 04/07/2011) (THE "PRIOR BONDS").

## PART II, BOND B, LINE 13

SINCE PROCEEDS OF THE BONDS WERE USED FOR CURRENT REFUNDING PURPOSES, THE YEAR OF SUBSTANTIAL COMPLETION IS NOT APPLICABLE.

**Part VI** **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

PART II, BOND C, LINE 13

SINCE THE BONDS WERE ISSUED FOR THE PURPOSE OF REFUNDING PRIOR BONDS, A  
SUBSTANTIAL DATE OF COMPLETION IS NOT APPLICABLE TO THE BOND ISSUE.

PART III, BOND B

BECAUSE PROCEEDS OF THE REISSUED SERIES 2005 BONDS WERE USED TO REFUND  
BONDS ISSUED BEFORE JANUARY 1, 2003, THE ISSUER HAS NOT COMPLETED PART  
III WITH RESPECT TO THE BONDS.

PART III, LINE 7

AS PROVIDED IN TREASURY REGULATION SECTION 1.141-4(C)(2)(I)(B), THE  
AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE PAYMENT  
TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED  
TRADE OR BUSINESS USE. ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR  
THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE  
6. THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE  
SECURITY TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS  
USE AND/OR UNRELATED TRADE OR BUSINESS REPORTED IN PART III, LINE 6, IS  
NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE.



**Part VI** **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

PART IV, BOND A, LINE 2(B)

PROCEEDS OF THE BONDS WERE EXPENDED AS OF THE LAST REBATE COMPUTATION DATE. TO THE EXTENT THAT NO FURTHER PROCEEDS ARISE WHICH BECOME ALLOCABLE TO THE BONDS, NO FURTHER CALCULATIONS OF REBATE LIABILITY ARE NECESSARY.

PART IV, BOND A, LINE 2(C)

THE REBATE COMPUTATION WAS PERFORMED ON NOVEMBER 10, 2009. SINCE ALL PROCEEDS OF THE BONDS WERE EXPENDED AS OF THAT DATE AND NO FURTHER PROCEEDS HAVE SINCE ARISEN, NO FURTHER REBATE COMPUTATION HAS BEEN PERFORMED.

PART IV, BOND B, LINE 2

THE 5TH BOND YEAR HAS NOT OCCURRED, AND THUS NO REBATE COULD BE DUE. THE BONDS CONSIST OF A CURRENT REFUNDING, WHICH HAS MET AN EXCEPTION TO THE REBATE REQUIREMENT. NO REBATE CALCULATION HAS BEEN OR WILL EVER BE MADE, BEFORE OR AFTER THE DUE DATE OF AN 8038-T.

PART IV, BOND D, LINE 2(C)

THE FIFTH YEAR HAS NOT PASSED, AND THEREFORE NO REBATE COMPUTATION HAS BEEN PERFORMED.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2017**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

ITHACA COLLEGE

Employer identification number

15-0532204

**Part I**

**Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. . . . . ▶ \$

**Part II**

**Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

**Total** . . . . . ▶ \$

**Part III**

**Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)		91,652.	TUITION REMISSION	EDUCATION/TUITION
(2)		18,218.	SCHOLARSHIPS	EDUCATION/TUITION
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JASON MUENZEN	FAMILY OF TRUSTEE	148,250.	SEE SCH L NARRATIVE		X
(2) WILLIAM KIP OPPERMAN	FAMILY OF TRUSTEE	15,340.	SEE SCH L NARRATIVE		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV COLUMN D

BOARD OF TRUSTEES MEMBER, KRISTIN R. MUENZEN, HAS A FAMILY MEMBER WHO IS AN EMPLOYEE OF ITHACA COLLEGE. JASON MUENZEN IS EMPLOYED IN THE SCHOOL OF BUSINESS AS AN INSTRUCTOR AND THE DIRECTOR OF THE INVESTMENT PROGRAM; HIS W-2 WAGES FOR THE YEAR ENDING DECEMBER 31, 2017 WERE \$128,250.

BOARD OF TRUSTEES MEMBER, MARY G. OPPERMAN, HAS A FAMILY MEMBER WHO PROVIDED SERVICES TO ITHACA COLLEGE. WILLIAM KIP OFFERMAN WORKED AS A LECTURER AND RECEIVED WAGES OF \$15,340 IN THE YEAR ENDING DECEMBER 31, 2017.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

ITHACA COLLEGE

Employer identification number

15-0532204

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	23 .	345,970 .	FAIR MARKET VALUE
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (ATCH 1) . . . . .		12 .	6,426 .	
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2017)

JSA

7E1298 1.000

2294MP 700J

V 17-7.10

0166997-00029

PAGE 69

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

---

SCHEDULE M, PART I LINE 25

THE COLLEGE IS REPORTING THE NUMBER OF ITEMS RECEIVED.

SCHEDULE M, LINE 32(A)

TO THE EXTENT THAT THE ORGANIZATION RECEIVES CONTRIBUTIONS OF STOCK, THE  
ORGANIZATION USES ITS INVESTMENT BROKER TO CONVERT THOSE STOCKS INTO  
CASH.

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
MUSICAL INSTRUMENTS	X	2.	4,200.	EXPERT OPINION
SUPPLIES	X	10.	2,226.	COMPARABLE SALES
TOTALS		<u>12.</u>	<u>6,426.</u>	

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ITHACA COLLEGE

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

15-0532204

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES

ACADEMIC SUPPORT INCLUDES EXPENSES INCURRED TO PROVIDE SUPPORT SERVICES FOR THE COLLEGE'S PRIMARY PROGRAM SERVICE OF INSTRUCTION, RESEARCH, AND PUBLIC SERVICE. IT INCLUDES THE FOLLOWING ACTIVITIES: THE RETENTION, PRESERVATION, AND DISPLAY OF EDUCATIONAL MATERIALS AT THE ITHACA COLLEGE LIBRARY, THE HANDWERKER GALLERY, AND OTHER GALLERY SPACES; INFORMATION TECHNOLOGY SERVICES DEPLOYED AT THE COLLEGE, PARTICULARLY SERVICES WITHIN THE THEMES OF CAMPUS ENGAGEMENT AND TEACHING & LEARNING; ACADEMIC ADMINISTRATION AND PERSONNEL PROVIDING ADMINISTRATIVE SUPPORT AND MANAGEMENT DIRECTION TO THE PRIMARY PROGRAM SERVICE; AND SEPARATELY BUDGETED SUPPORT FOR COURSE AND CURRICULUM DEVELOPMENT.

FORM 990, PART VI, SECTION B, LINE 11

FORM 990 REVIEW PROCESS

THE COLLEGE'S DEPARTMENT OF FINANCIAL SERVICES COMPILES THE UNDERLYING RECORDS AND PREPARES SUPPORTING SCHEDULES USED IN THE PREPARATION OF THE FORM 990. THE COLLEGE USES AN EXTERNAL TAX SERVICE PROVIDER TO PREPARE AND REVIEW THE FORM 990. THE INTERIM VICE PRESIDENT OF FINANCE AND ADMINISTRATION AND OTHER KNOWLEDGEABLE PERSONS REVIEW THE FORM 990 PRIOR TO SUBMITTING THE FORM 990 TO THE BOARD OF TRUSTEES FOR REVIEW. THE TRUSTEES REVIEW THE FORM 990 PRIOR TO THE BOARD OF TRUSTEES MEETING HELD IN THE SPRING. DURING THE SPRING BOARD MEETING, THE AUDIT COMMITTEE ENGAGES IN AN ADDITIONAL REVIEW OF THE FORM 990 WITH THE EXTERNAL TAX

Name of the organization  
ITHACA COLLEGE

Employer identification number  
15-0532204

SERVICE PROVIDER AND PERSONS FROM THE COLLEGE'S DEPARTMENT OF FINANCIAL SERVICES. THE AUDIT COMMITTEE VOTES TO APPROVE THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C

CONFLICT OF INTEREST POLICY

ALL TRUSTEES AND SENIOR MANAGEMENT COMPLETE ANNUAL CONFLICT OF INTEREST FORMS. THE FORMS ARE SUBMITTED TO THE SECRETARY OF THE BOARD AND ALL DISCLOSED CONFLICTS ARE FORWARDED TO THE CHAIR OF THE AUDIT COMMITTEE FOR REVIEW AND ON-GOING MONITORING.

FORM 990, PART VI, SECTION B, LINE 15

PROCESS FOR DETERMINING EXECUTIVE COMPENSATION

A. FOR TOP MANAGEMENT OFFICIALS - THE BOARD OF TRUSTEES SUB-COMMITTEE ON COMPENSATION ANNUALLY COLLECTS COMPARABILITY DATA TO BE USED IN ESTABLISHING PRESIDENTIAL COMPENSATION. THIS DATA IS GATHERED USING THE ASSISTANCE OF NON-INTERESTED PARTIES INCLUDING EXTERNAL CONSULTANTS AND THE COLLEGE'S OFFICE OF HUMAN RESOURCES. THE SUB-COMMITTEE ON COMPENSATION MAKES A RECOMMENDATION TO THE EXECUTIVE COMMITTEE, WHICH HAS AUTHORITY TO APPROVE THE RECOMMENDATION. THE EXECUTIVE COMMITTEE REPORTS TO THE FULL BOARD THE DETAILS OF THE REVIEW AND COMPENSATION.

B. FOR OTHER OFFICERS AND KEY EMPLOYEES - HUMAN RESOURCES OBTAINS COMPARABILITY DATA ON COMPENSATION WHICH IS SHARED WITH THE PRESIDENT. THE DATA IS REVIEWED AND THE COMPENSATION COMMITTEE IS INFORMED OF THE DECISIONS. THE PRESIDENT ANNUALLY REVIEWS THE COMPENSATION POLICIES OF THE COLLEGE RELATED TO SENIOR OFFICERS.



Name of the organization ITHACA COLLEGE	Employer identification number 15-0532204
--	--

FORM 990, PART VI, SECTION C, LINE 19

MAKING ORGANIZATIONAL DOCUMENTS AVAILABLE TO THE PUBLIC

THE PUBLIC MAY ACCESS THE COLLEGE'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS BY VISITING THE COLLEGE'S WEBSITE OR BY CONTACTING THE OFFICE OF THE VICE PRESIDENT OF FINANCE AND ADMINISTRATION AT THE CONTACT INFORMATION DISCLOSED IN PART VI SECTION C LINE 20.

FORM 990, PART IX, LINE 11G

ITHACA COLLEGE COMMISSIONS SODEXO TO PROVIDE FOOD SERVICES TO THE ENTIRE COLLEGE CAMPUS; AMOUNTS REPORTED ON PART IX REPRESENT EXPENSES INCURRED TO SODEXO FOR THE FISCAL YEAR ENDING MAY 31, 2018; AMOUNTS REPORTED IN PART VII, SECTION B REPRESENT EXPENDITURES PAID ON THE CALENDAR YEAR BASIS. THE EXPENSES ITHACA INCURS FOR THESE FOOD SERVICES ARE COMPOSED OF: COSTS OF GOODS (I.E. FOOD AND BEVERAGES), WAGES, BENEFITS, SUPPLIES, TRAVEL, OTHER GENERAL OPERATING COSTS AND A MANAGEMENT FEE.

FORM 990, PART XI, LINE 9

RECONCILIATION OF NET ASSETS

POSTRETIREMENT BENEFITS EXPENSE OTHER THAN

NET PERIODIC BENEFIT COST	(\$81,762)
LOSS ON BOND RESTRUCTURING	(\$2,831,892)
ADJUSTMENT TO SELF-INSURED MEDICAL LIABILITY	\$1,063,843
CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENTS	\$2,942,573
OTHER CHANGES	(\$80,836)
TOTAL	(\$1,011,926)

Name of the organization ITHACA COLLEGE	Employer identification number 15-0532204
--	--

ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO PROVIDE A FOUNDATION FOR A LIFETIME OF LEARNING, ITHACA COLLEGE IS DEDICATED TO FOSTERING INTELLECTUAL GROWTH, AESTHETIC APPRECIATION, AND CHARACTER DEVELOPMENT IN OUR STUDENTS. THE ITHACA COLLEGE COMMUNITY THRIVES ON THE PRINCIPLES THAT KNOWLEDGE IS ACQUIRED THROUGH DISCIPLINE, COMPETENCE IS ESTABLISHED WHEN KNOWLEDGE IS TEMPERED BY EXPERIENCE, AND CHARACTER IS DEVELOPED WHEN COMPETENCE IS EXERCISED FOR THE BENEFIT OF OTHERS.

A COMPREHENSIVE COLLEGE THAT SINCE ITS FOUNDING HAS RECOGNIZED THE VALUE OF COMBINING THEORY AND PERFORMANCE, ITHACA PROVIDES A RIGOROUS EDUCATION BLENDING LIBERAL ARTS AND PROFESSIONAL PROGRAMS OF STUDY. OUR TEACHING AND SCHOLARSHIP ARE MOTIVATED BY THE NEED TO BE INFORMED BY, AND TO CONTRIBUTE TO, THE WORLD'S SCIENTIFIC AND HUMANISTIC ENTERPRISES. LEARNING AT ITHACA EXTENDS BEYOND THE CLASSROOM TO ENCOMPASS A BROAD RANGE OF RESIDENTIAL, PROFESSIONAL, AND EXTRACURRICULAR OPPORTUNITIES. OUR UNDERGRADUATE AND GRADUATE STUDENTS, FACULTY, STAFF, AND ALUMNI ALL CONTRIBUTE TO THE LEARNING PROCESS.

ITHACA COLLEGE IS COMMITTED TO CREATING AN INCLUSIVE ENVIRONMENT AND ATTRACTING A DIVERSE BODY OF STUDENTS, FACULTY, AND STAFF. ALL MEMBERS OF THE COLLEGE COMMUNITY ARE ENCOURAGED TO ACHIEVE EXCELLENCE IN THEIR CHOSEN FIELDS AND TO SHARE THE RESPONSIBILITIES OF

Name of the organization  
ITHACA COLLEGE

Employer identification number  
15-0532204

ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

CITIZENSHIP AND SERVICE IN THE GLOBAL COMMUNITY.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

INSTRUCTION, RESEARCH, AND PUBLIC SERVICE:

ITHACA COLLEGE IS A PRIVATE, NONSECTARIAN, COEDUCATIONAL LIBERAL  
ARTS COLLEGE LOCATED IN ITHACA, NEW YORK. THE PRINCETON REVIEW  
CONSISTENTLY NAMES THE COLLEGE AMONG THE BEST COLLEGES IN THE  
NATION, WITH THE 2019 GUIDE RANKING THE COLLEGE #2 FOR THEATER, #8  
FOR NEWSPAPER, AND #6 FOR RADIO, AND IS AMONG THE TOP SCHOOLS  
PRODUCING FULBRIGHT SCHOLARSHIP RECIPIENTS.

IN FALL 2017, THE COLLEGE ENROLLED 5,936 FULL-TIME AND 123  
PART-TIME UNDERGRADUATE STUDENTS AS WELL AS 457 GRADUATE STUDENTS.  
APPROXIMATELY 69% OF THE UNDERGRADUATE STUDENT BODY RESIDES IN  
ON-CAMPUS HOUSING. FOR THE 2017-2018 ACADEMIC YEAR, THE COLLEGE  
CONFERRED 1,444 UNDERGRADUATE AND 273 GRADUATE DEGREES, AND  
EMPLOYED 532 FULL-TIME AND 189 PART-TIME AND ADJUNCT FACULTY. THE  
COLLEGE OFFERS A CURRICULUM WITH MORE THAN 100 DEGREE PROGRAMS IN  
ITS FIVE SCHOOLS.

ROY H. PARK SCHOOL OF COMMUNICATIONS: THE SCHOOL OF  
COMMUNICATIONS, RECOGNIZED AS A LEADING UNDERGRADUATE  
COMMUNICATIONS SCHOOL, IS KNOWN FOR ITS PROMINENT STUDENT-RUN  
MEDIA VEHICLES, INCLUDING: THE ITHACAN, THE COLLEGE'S OFFICIAL

Name of the organization ITHACA COLLEGE	Employer identification number 15-0532204
--	--

---

---

ATTACHMENT 2 (CONT'D)

---

---

WEEKLY NEWSPAPER; ITHACA COLLEGE TELEVISION; AND THE WICB RADIO STATION. THE SCHOOL ALSO OFFERS THE LOS ANGELES PROGRAM, AN INTERNSHIP-BASED PROGRAM THAT PROVIDES STUDENTS WITH PROFESSIONAL EXPERIENCE IN THEIR CHOSEN FIELD WHILE TAKING INDUSTRY-RELATED COURSES AT THE JAMES B. PENDLETON CENTER, LOCATED MINUTES FROM BURBANK AND HOLLYWOOD.

SCHOOL OF BUSINESS: ACCREDITED BY THE ASSOCIATION OF ADVANCE COLLEGIATE SCHOOLS OF BUSINESS (AACSB), THE SCHOOL OF BUSINESS OFFERS A RIGOROUS PROFESSIONAL EDUCATION, OFFERING A RANGE OF UNDERGRADUATE PROGRAMS, CONCENTRATIONS, AND MINORS, AS WELL AS GRADUATE LEVEL AND CERTIFICATE PROGRAMS. STUDENTS PARTICIPATE IN THE PROFESSIONS PROGRAM, A PROFESSIONAL DEVELOPMENT CURRICULUM THAT ALLOWS STUDENTS TO DEVELOP PROGRESSIVE SKILLS AND GAIN EXPERIENCES THAT WILL PREPARE THEM FOR COMPETITIVE INTERNSHIPS AND CAREERS.

SCHOOL OF MUSIC: TRACING ITS ROOTS TO THE COLLEGE'S FOUNDING IN 1892 AS A CONSERVATORY OF MUSIC, THE SCHOOL OF MUSIC PROVIDES STATE-OF-THE-ART FACILITIES, FEATURES OVER 25 ENSEMBLES, AND PRESENTS ABOUT 400 PERFORMANCES ANNUALLY. THE SCHOOL IS HOST TO SEVERAL SUMMER MUSIC OPPORTUNITIES TO MUSICIANS OF ALL AGES, INCLUDING THE SUMMER MUSIC ACADEMY AND THE SUMMER PIANO INSTITUTE. THROUGH THE MUSIC IN THE COMMUNITY PROGRAM, THE SCHOOL CONNECTS STUDENTS WITH THE COMMUNITY BY CREATING PERFORMANCE AND TEACHING

Name of the organization  
ITHACA COLLEGE

Employer identification number  
15-0532204

---

ATTACHMENT 2 (CONT'D)

---

OPPORTUNITIES IN THE GREATER ITHACA AREA.

SCHOOL OF HUMANITIES & SCIENCES (H&S): A LIBERAL ARTS EDUCATION IN THE SCHOOL OF H&S PREPARES STUDENTS FOR LIFE IN A RAPIDLY CHANGING, MULTICULTURAL, AND GLOBALLY INCLUSIVE WORLD. H&S STUDENTS RECEIVE A BROAD FOUNDATIONAL UNDERSTANDING OF ISSUES FACING THE HUMAN COMMUNITY. STUDENTS BUILD THEIR OWN INTEGRATIVE AND CROSS-DISCIPLINARY VERSION OF AN H&S EDUCATION. THE DEPARTMENT OF THEATRE ARTS DRAWS STUDENTS FROM ACROSS THE UNITED STATES AND THE WORLD, AND IS ACCREDITED BY THE NATIONAL ASSOCIATION OF SCHOOLS OF THEATRE.

SCHOOL OF HEALTH SCIENCES AND HUMAN PERFORMANCE (HS&HP): THE SCHOOL OF HS&HP'S STUDENTS TOUCH PEOPLE'S LIVES AS CLINICIANS, THERAPISTS, RESEARCHERS, ADMINISTRATORS, RECREATION AND SPORT PROFESSIONALS. HS&HP STUDENTS CHOOSE FROM MORE THAN 1,700 ORGANIZATIONS ACROSS THE NATION TO ENGAGE IN INTERNSHIPS AND FIELDWORK, AND CAN HELP CLIENTS AT ONE OF FOUR ON-CAMPUS CLINICS. THE SCHOOL OFFERS A RANGE OF UNDERGRADUATE PROGRAMS, AS WELL AS GRADUATE PROGRAMS IN AREAS OF EXERCISE AND SPORT SCIENCES, HEALTH PROMOTION AND PHYSICAL EDUCATION, OCCUPATIONAL THERAPY, PHYSICAL THERAPY, AND SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY.

STUDENTS ARE ENCOURAGED TO PARTICIPATE IN ONE OF THE COLLEGE'S MANY STUDY ABROAD OPPORTUNITIES. THE COLLEGE OPERATES THE ITHACA

Name of the organization  
ITHACA COLLEGE

Employer identification number  
15-0532204

---

---

ATTACHMENT 2 (CONT'D)

---

---

COLLEGE LONDON CENTER, WHICH IS LOCATED IN THE HEART OF THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA AND IS AMONG THE LONGEST-STANDING STUDY ABROAD PROGRAMS IN LONDON.

THE COLLEGE PROVIDES STUDENTS OPPORTUNITIES TO ENGAGE IN EXPERIENTIAL LEARNING THROUGH SCHOLARSHIP, RESEARCH, AND CREATIVE PERFORMANCE. RESEARCH IS FUNDED SUBSTANTIALLY BY PRIVATE SOURCES AND GOVERNMENTAL AGENCIES. DURING THE 2017-2018 ACADEMIC YEAR, FACULTY MEMBERS AND OTHERS ENGAGED IN SPONSORED RESEARCH RECEIVED \$800,000 IN AWARDS FROM EXTERNAL FUNDING AGENCIES.

---

---

ATTACHMENT 3

---

---

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

AUXILIARY SERVICES:

AUXILIARY ENTERPRISES EXIST TO FURNISH GOODS OR SERVICES TO STUDENTS, FACULTY, STAFF, AND OTHER INSTITUTIONAL DEPARTMENTS. AUXILIARY ENTERPRISES ARE MANAGED TO OPERATE AS SELF-SUPPORTING ACTIVITIES. MAJOR AUXILIARY ENTERPRISES AT THE COLLEGE INCLUDE THE FOLLOWING: DINING SERVICES, ADMINISTERED BY SODEXO, WHICH OPERATES 3 RESIDENTIAL AND 10 RETAIL DINING FACILITIES LOCATED THROUGHOUT THE CAMPUS, AND PROMOTES ENVIRONMENTAL AWARENESS THROUGH A VARIETY OF SUSTAINABILITY PROGRAMS; CONFERENCE AND EVENT SERVICES, WHICH PROVIDES A FULL RANGE OF MEETING AND EVENT SERVICES TO INTERNAL AND EXTERNAL CLIENTS; AND THE HAMMOND HEALTH CENTER, ACCREDITED BY THE ACCREDITATION ASSOCIATION FOR AMBULATORY HEALTH CARE, INC.

Name of the organization ITHACA COLLEGE	Employer identification number 15-0532204
--	--

---

ATTACHMENT 4

---

---

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

---

## STUDENT SERVICES:

STUDENT SERVICES INCLUDE EXPENSES INCURRED FOR OFFICES OF ADMISSIONS AND THE REGISTRAR, STUDENT AID ADMINISTRATION, AND ACTIVITIES WITH THE PRIMARY PURPOSE OF CONTRIBUTING TO STUDENTS' EMOTIONAL AND PHYSICAL WELL-BEING AND INTELLECTUAL, CULTURAL, AND SOCIAL DEVELOPMENT OUTSIDE THE CONTEXT OF THE FORMAL INSTRUCTION PROGRAM.

STUDENT SERVICES ALSO INCLUDES THE COLLEGE'S MULTITUDE OF ATHLETICS PROGRAMS. THE COLLEGE'S VARSITY TEAMS COMPETE AT THE DIVISION III LEVEL OF THE NCAA. THE COLLEGE IS ALSO A MEMBER OF THE EASTERN COLLEGE ATHLETIC CONFERENCE, AND, BEGINNING JULY 1, 2017, THE LIBERTY LEAGUE. PRIOR TO JOINING THE LIBERTY LEAGUE, THE ITHACA BOMBERS WERE CHARTER MEMBERS OF THE EMPIRE 8.

INTERCOLLEGIATE SPORTS INCLUDE BASEBALL, BASKETBALL, CREW, CROSS COUNTRY RUNNING, FIELD HOCKEY, FOOTBALL, GOLF, GYMNASTICS, LACROSSE, SCULLING, SOCCER, SOFTBALL, SWIMMING & DIVING, TENNIS, TRACK & FIELD, VOLLEYBALL, AND WRESTLING.

THE COLLEGE ALSO HAS A LARGE INTRAMURAL SPORTS PROGRAM, IN WHICH APPROXIMATELY 20% OF STUDENTS PARTICIPATE, AND WHICH OFFERS A VARIETY OF SPORTS INCLUDING SOCCER, VOLLEYBALL, FLAG FOOTBALL, AND BASKETBALL, IN ADDITION TO SINGLE DAY EVENTS SUCH AS TENNIS TOURNAMENTS AND BATTLESHIP. THE COLLEGE IS ALSO HOME TO MORE THAN 60 CLUB SPORTS, MANY OF WHICH COMPETE REGULARLY AGAINST OTHER

Name of the organization ITHACA COLLEGE	Employer identification number 15-0532204
--	--

ATTACHMENT 4 (CONT'D)

COLLEGES IN LEAGUES AND TOURNAMENTS.

STUDENT SERVICES ALSO INCLUDES EXPENSES FOR THE OFFICE OF STUDENT ENGAGEMENT AND MULTICULTURAL AFFAIRS, WHICH PROVIDES THE FIRST-YEAR EXPERIENCE AND ORIENTATION, AND OVERSEES STUDENT ACTIVITIES, MULTICULTURAL EVENTS, AND STUDENT ORGANIZATIONS.

THE OFFICE OF CAREER SERVICES, SERVING BOTH STUDENTS AND ALUMNI, PROVIDES CAREER-RELATED EDUCATION, EXPERIENTIAL LEARNING, PROFESSIONAL DEVELOPMENT, AND POST-GRADUATE OPPORTUNITIES FOR THE BENEFIT OF STUDENTS AND ALUMNI.

ATTACHMENT 5990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SODEXO INC. & AFFILIATES 100 EARHART DRIVE WILLIAMSVILLE, NY 14221	FOOD & FACILITIES	9,991,337.
ARCHITECTURAL CONCRETE PLUS LLC 69 HOLLISTER STREET DUNDEE, NY 14837	GENERAL CONSTRUCTION	5,037,202.
WELLIVER MCGUIRE INC. 250 NORTH GENESEE STREET MONTAUR FALLS, NY 14865	GENERAL CONSTRUCTION	2,334,346.
FREY & CAMPBELL INC. 87 LAKE STREET HAMMONDSPORT, NY 14840	HVAC CONTRACTORS	1,632,879.
JOHN MILLS ELECTRIC INC. 1836 GRAND CENTRAL AVENUE ELMIRA HEIGHTS, NY 14903	GENERAL CONSTRUCTION	1,601,471.